



HealthInsight REC & Meaningful Use



Why Work with the Regional Extension Center?

As the Regional Extension Center, *HealthInsight* will help over 2,000 providers adopt and effectively use electronic health records (EHRs) to achieve Meaningful Use.

We are Neutral: As a private, non-profit organization incorporated in Nevada and Utah, we are expert facilitators of EHR adoption and effective use. We are vendor neutral. *Our interest is in serving your best interest.*

We are Experienced: Since 2004, we have helped over 400 physician practices in Nevada and Utah overcome barriers to adopting and effectively using EHRs to improve patient care.



What are the Incentives?

Physicians:

Up to \$44,000 over five years - Medicare
or
Up to \$63,750 over six years - Medicaid

Hospitals: can earn additional incentives

How to Earn Incentives?

To be eligible for the incentives providers must:

1. Use a certified EHR in a meaningful manner;
2. Exchange health information to improve the quality of care (through a health information exchange, if available); and
3. Report on quality measures.

Who Can Receive Assistance?

1. Individual and small group practices focused on primary care: Family Practice, Internal Medicine, OB/GYN, and Pediatrics.
2. Public & Critical Access Hospitals
3. Community & rural health centers that predominantly serve the uninsured and underinsured.
4. Unsubsidized assistance available to all physician practices.

Services Available from the *HealthInsight* Regional Extension Center

- Initial readiness assessment
- Workflow analysis
- Assessment of current EHR systems
- Tailored selection tools
- Referrals to mentor sites
- Contract negotiation resources
- Project management and implementation assistance
- Privacy and security best practices
- Health information exchange assistance
- Achieving meaningful use

FOR INFORMATION

Contact *HealthInsight* at:

rec@healthinsight.org
1-800-483-0932 (phone)
1-877-335-2490 (fax)

or visit online
www.healthinsight.org

HIT Regional Extension Center (REC) Program Application to Participate



Are you interested in assistance with implementing an Electronic Health Records (EHR) system and reaching the “meaningful use” criteria to receive federal incentive payments? If so, you may be eligible for assistance from *HealthInsight*, including workflow assessment, process improvement and re-design, EHR vendor selection, system implementation, and assistance in meeting all meaningful use requirements.

**Please complete this form and scan/email or fax it to *HealthInsight*:
REC@healthinsight.org, Utah: (801) 892-0160, Nevada: (702) 385-4586**

1. Does your practice use an Electronic Health Record (EHR) system? ☐ Yes ☐ No

If Yes, list product and version: _____

If No, when do you plan to implement? _____ (approximate date)

2. What is your practice specialty?

☐ Family Medicine ☐ Pediatrics ☐ OB/GYN

☐ Internal Medicine ☐ Other _____

3. How many sites does your practice have? _____

- Site 1 - Name or ID _____ Site NPI # _____
Address _____ City/State/ZIP _____
Phone _____ Fax _____
- Site 2 - Name or ID _____ Site NPI # _____
Address _____ City/State/ZIP _____
Phone _____ Fax _____
- Site 3 - Name or ID _____ Site NPI # _____
Address _____ City/State/ZIP _____
Phone _____ Fax _____

4. Do your providers' average allowable Medicare charges exceed \$24,000? ☐ Yes ☐ No ☐ Don't know

5. Do you have approx. 30% Medicaid patient volume (based on # of visits)? ☐ Yes ☐ No ☐ Don't know

6. How did you hear about HealthInsight and the REC services? _____

7. What is your preferred method of contact? ☐ Phone ☐ Fax ☐ E-mail

Practice Name _____ Practice NPI _____

Practice Representative Name _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ E-mail _____

Practice Hours _____ Web Address _____

Provider Full Name	Provider NPI	Prov. Type MD, DO, NP, PA or other (specify)	Specialty FP, IM, OB, Peds or other (specify)	Primary Site ID or # If applicable
1.				
2.				
3.				
4.				
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20.				



**HealthInsight's Regional Extension Center
In Kind Partnership Support**

Contact Name:

Telephone:

Organization:

Address:

City:

State:

Zip:

Email:

Our organization has supported HealthInsight's Regional Extension Center with the following in kind services:

For in kind services involving labor provided by your staff, please complete the following including a brief description of the work (sent out recruitment flyers, created and distribute an email announcement, etc.)

Name	Position	Number of Hours	Dates of Service	Description

For non-labor in kind support, please complete the following. Examples include cost associated with: space donated in your newsletter, meeting space provided for a REC activity, any promotional activity provided for the REC at one of your events, dissemination of information to your members or contacts, etc.

Date Provided	Description	Fair Market Value

Signature of person completing form

Date

Return signed form to Fern Percheski:
fpercheski@healthinsight.org or fax: 702-385-4586
Questions? Call Fern at 702-933-7333

Thank you for your support!